Effective Date: _	
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## $\sqrt{\text{CHECKLIST TO BECOME PLANT MECHANIC III}}$

1. Name of Employee:	
2. Department:   Supervisor:	_
3. Sick Leave Usage: Accrual: LWOP:	
☐ YES ☐ NO <u>EDUCATION</u> :	
High School or GED (Circle appropriate)  Completion of accredited college hours ( hrs, original transcript attached)  Completion of hrs in applicable trade category or departmentally approved technical training area	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No
☐ YES ☐ NO EXPERIENCE:date to position Accumulated experience:	
Four (4) years experience in mechanical maintenance work or related training One (1) year experience as Plant Mechanic II with the City of Tulsa, <b>OR</b> Possession of *Journeyman's license, whichever comes first	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No
☐ YES ☐ NO <u>TRAINING:</u>	
Lead Skills Core Group:       ☐ Yes ☐ No AND       Supervisory Skills Core Group:	☐ Yes ☐No
Class Date Class Date  Lead Training Module: Noyes  Supervisory Training Module:  HAZAWOPER (Water Only) Training Module: N/A	☐ Yes ☐No ☐ Yes ☐No
☐ YES ☐ NO LICENSES AND CERTIFICATIONS:	
Possession of a valid Class "A" Commercial Driver's License (CDL) Possession of an applicable Class "C" Water/Wastewater License	☐ Yes ☐ No☐ Yes ☐ No☐
Completion of forty (40) accredited college hours in a related field, <b>OR</b> Completion of 600 hrs instruction in applicable trade category	☐ Yes ☐ No
or 600 hours instruction in departmentally approved technical training area, i.e., electrical, mechanical or plumbing or a related area, <b>OR</b>	☐ Yes ☐ No
Possession of a Plant Maintenance (PM) mechanical Technologist Grade III Certification as issued by the California Water Environment Association (CWEA) Technical Certification Program (TC), <b>OR</b>	☐ Yes ☐ No
*Possession on <u>one</u> (1) of the following as issued by the State of Oklahoma:  Unlimited Journeyman Level Mechanical License Unlimited Journeyman Level Electrical License Journeyman Level Plumbing License	□ N/A □ Yes □ No □ Yes □ No □ Yes □ No
☐ YES ☐ NO <u>DEMONSTRATED SKILL PROFICIENCY:</u>	
Received "Proficient" or better final rating on last review  Date:	☐ Yes ☐ No